



HOSPITAL FISCAL REPORT

State Form 49520 (R2/7-02)

Indiana State Department of Health

(Form Approved by State Board of Accounts, 2000)

I. Identification of Organization

Name of Hospital			
City of Hospital			
Year Begin		Year End	
Person Completing the Report			
E-Mail Address			
Medicare Provider Number			

Statement One:	Summary of Revenue and Expenses
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1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$	Contractual Allowance	\$
Outpatient Patient Service Revenue	\$	Other Deductions	\$
Total Gross Patient Service Revenue	\$	Total Deductions	\$

3. Total Operating Revenue

Net Patient Service Revenue	\$
Other Operating Revenue	\$
Total Operating Revenue	\$

4. Operating Expenses

Salaries and Wages	\$	Employee Benefits	\$
Depreciation and Amortization	\$	Interest Expense	\$
Bad Debt	\$	Other Expenses	\$
Total Operating Expenses	\$		

5. Net Revenue and Expenses		6. Assets and Liabilities	
Excess Revenue over Expenses	\$	Total Assets	\$
Net Non-operating Gains over Losses	\$	Total Liabilities	\$
Total Net Gain	\$		

Statement Two	Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$	\$	\$
Medicaid	\$	\$	\$
Other Government	\$	\$	\$
Other State	\$	\$	\$
Other Payers	\$	\$	\$
Total	\$	\$	\$

Statement Three	Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$	\$	\$

Statement Four	Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$	\$	\$

Statement Five:	Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$	\$	\$
Hospital Patients	\$	\$	\$
Community Education	\$	\$	\$

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six:	Charity Statement
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Hospital Charity Charges	\$
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	Adjustments		
	Payments From Clients	LESS Costs to Hospital	Unreimbursed Costs to Hospital
Charity Costs by Hospital		\$	
Charity Payments by Clients	\$		
HCI Payments	\$		
Subtotal	\$	\$	\$
Medicaid Shortfalls	\$	\$	
Subtotal	\$	\$	\$
DSH Payments	\$		
Subtotal	\$	\$	\$
Medicare Shortfalls	\$	\$	
Other Government Programs	\$	\$	
Total	\$	\$	\$

Statement Seven:	Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$	\$	\$
Community Assessment	\$	\$	\$
Provision of Taxes	\$	\$	\$
Other Allocations	\$	\$	\$

